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**\*BIBDATASHEET\***

CONFIRMATION NO. 5474

Bib Data Sheet

<b>SERIAL NUMBER</b> 10/643,495	<b>FILING OR 371(c) DATE</b> 08/19/2003 <b>RULE</b>	<b>CLASS</b> 030	<b>GROUP ART UNIT</b> 3724	<b>ATTORNEY DOCKET NO.</b> 6579-01-1
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**\*\* CONTINUING DATA \*\*\*\*\***  
 This appln claims benefit of 60/405,259 08/21/2002

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***  
*NONE*

**IF REQUIRED, FOREIGN FILING LICENSE**  
**GRANTED \*\* 11/13/2003**

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	<b>STATE OR COUNTRY</b> CT	<b>SHEETS DRAWING</b> 2	<b>TOTAL CLAIMS</b> 9	<b>INDEPENDENT CLAIMS</b> 1
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>Glassem</i> Examiner's Signature <i>Alie</i> Initials <i>ga</i>				

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**TITLE**  
 Razor cartridge

<b>FILING FEE RECEIVED</b> 880	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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